



PTO/SB/17 (05-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/091,567-Conf. #7851
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Filing Date	March 7, 2002
		First Named Inventor	Jonathan P. WONG
		Examiner Name	M. G. Hill
		Art Unit	1648
		Attorney Docket No.	NEL-006

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>18-0013</u> Deposit Account Name: <u>Rader, Fishman & Grauer PLLC</u>			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims <u>13</u> - 20 = <u>13</u> x <u>50</u> = <u>650</u>	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims <u>2</u> - 4 = <u>2</u> x <u>200</u> = <u>400</u>	Fee Paid (\$)	
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>125</u> - 100 = <u>25</u>	<u>25</u> / 50 = <u>0.5</u>	<u>1</u> (round up to a whole number) x <u>125</u>	<u>125</u>	<u>125.00</u>

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>1251</u> Extension for response within first month	<u>120.00</u>

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	40,949
Name (Print/Type)	Lee Cheng	Telephone	(202) 955-3750
		Date	June 22, 2007



AMENDMENT TRANSMITTAL LETTER				Docket No. NEL-006	
Application No. 10/091,567-Conf. #7851		Filing Date March 7, 2002		Examiner M. G. Hill	
Art Unit 1648					
Applicant(s): Jonathan P. WONG et al.					
Invention: DNA VACCINE USING LIPOSOME-ENCAPSULATED PLASMID DNA ENCODING FOR HEMAGGLUTININ PROTEIN OF INFLUENZA VIRUS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	13	- 20 =		x	
Independent Claims	2	- 4 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-0013</u> in the amount of \$ <u>120.00</u> .					
A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-0013</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Lee Cheng Attorney/Agent Reg. No.: 40,949				Dated: <u>June 22, 2007</u>	
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